

DEPARTMENT OF HEALTH AND FAMILY SERVICES

Division of Disability and Elder Services

DDE-5213 (04/04)

STATE OF WISCONSIN**ADMISSION TO CASELOAD – MENTAL HEALTH**

INSTRUCTIONS: Admitting Institution: Complete all data items (except DOC Client Number and agent number) for each admission. Attach Forensic computation and Order of Commitment.

Regional Specialist: Send this form and attachments to Regional Chief in the county of commitment. Fill in gray shaded boxes of the DDE-5213 with available information and return original form to Admitting Institution.

Agent: Forward copy of DDE-5213 and enclosed Forensic computation and Order of Commitment to agent. Retain DDE-5213, Forensic computation and Order of Commitment

				DOC Client Number	Agent Number
Name – Patient (Last, First MI)				ID Number	Date – Admission
Also Known As (AKA) (Last, First MI)				True Name (Last, First MI)	
Birthdate	Sex	Race	Ethnic	Address – Last Known	
Name – Admitting Institution				Name – Court	Type
Name – County Commitment				Name – Judge (Last, First MI)	
Statutes			Offense		
Verification Through CACU Completed <input type="checkbox"/> Yes <input type="checkbox"/> No		Detainer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Additional Sentence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				Commitment Term	
				MAX Date	

Remarks